

# Department of Behavioral and Developmental Services

## SUMMARY OF PRIVACY PRACTICES

**THIS PAPER TELLS YOU HOW WE CAN USE INFORMATION ABOUT YOU AND WHAT WE CAN TELL TO OTHERS. IT ALSO TELLS YOU HOW YOU CAN SEE YOUR INFORMATION.**

**The Department of Behavioral and Developmental Services (BDS) doesn't share the health information about people who get services from the Department.**

**This means BDS doesn't share:**

- **Information that will tell people who you are or where you live**
- **Information about your physical or mental health or condition,**
- **Information about any of the services you are receiving, or**
- **Information about how your services are paid for.**

**We don't share information about you from the past. We don't share information about things that are happening today. We also won't share information about your plans for the future.**

If you sign a **consent form**, we can give information about you to others. For example, we may share information with:

- Other people who provide services to you,
- Whoever pays for your services.
- People within the Department for planning purposes.

You don't have to sign the consent form. If you don't sign the consent form, it may be hard to get services to you.

You may ask to have some your health information not shared with other people. BDS doesn't have to agree with you about not sharing this information, but if we do agree, then we won't share the information

Also, there may be some special times when we have to use information about you even if you haven't give us permission to do so. For example,

- If you are sick or hurt;
- If you have serious diseases that other people can catch;
- If you are not safe to take care of yourself or if you try to hurt someone else or someone else is trying to hurt you;
- If you tell us about child abuse;
- If you have a living will or advance directive;
- If a court gives us an order.

You can look at your health information and you may change it if you don't think it's correct. We will tell you who we gave information about you to. We will also keep a record of anyone who has received your health information.

If you want more information about your Privacy Rights or our Privacy Practices, or if you think we haven't followed the rules, you may contact the BDS Privacy Officer at 287-4200. We will not retaliate against you if you file a complaint of any kind.

# Department of Behavioral and Developmental Services

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. Please review it carefully.**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Department of Behavioral and Developmental Services (BDS) safeguards the protected health information of people who receive services from the Department.

Protected health information includes descriptive information that can be used to identify a person and that relates to the physical or mental health or condition, the health care provided to the person, or payment for the health care. The protected health information includes information from the past, present, or future. The right to privacy continues after death.

You have the right to expect that only those individuals, organizations and/or agencies that have a need to know will be granted permission to use your protected health information, unless otherwise allowed by law or by your written authorization.

This notice will explain your rights more completely. These rights are the same as rights under 34B MRSA § 5605 et seq., *Rights of Recipients of Mental Health Services*, or *Rights of Recipients of Mental Health Services who are Children in Need of Treatment*. **If Maine State Law is stricter, then we have to follow the strictest law.**

### **1. Who we are**

This notice describes the privacy practices of the Department of Behavioral and Developmental Services system, including adult mental retardation case management services, adult mental retardation crisis services, adult mental health intensive case management services, Freeport Towne Square, Elizabeth Levinson Center, Aroostook Residential Center and all of the people who work in these programs. Privacy practices for inpatient psychiatric care are governed by the individual facilities.

### **2. Our Privacy Obligations**

We are required by law to keep your protected health information private, to tell you about these rules and to follow the rules.

### **3. Disclosing and Using Your Information with your consent**

When you begin receiving services from us, we will ask that you (or your legally authorized representative) sign a **consent form**, which will permit us to release information about you in order to provide services to you, in order to be paid by your insurance company or MaineCare for the services provided to you, and to conduct our regular business activities.

Your consent will permit us to share information with other parties who provide services to you. We will specifically ask your permission to share information related to psychiatric treatment, substance abuse or substance abuse treatment, and information pertaining to HIV testing and treatment.

We will share information with

- Providers in the community who provide services to you,

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- Your insurance company or MaineCare, so your services will be paid for,
- Managers in the Department for planning purposes.

We will also share information to resolve any complaints or grievances that you may have.

You may request to have the use or disclosure of your protected health information restricted. BDS does not have to agree to the restriction you request. If we do agree, we must make a record of the restrictions and we must honor them.

If you wish to have information provided to other parties, you will be asked to sign an **authorization**. The authorization will allow us to provide information to others. We cannot provide information that was given to us by someone else. You may revoke this authorization at any time by providing a written dated notice.

## 4. Using Your Protected Health Information for Other Purposes

Generally, we may use your protected health information for other reasons only when we have a specific authorization signed by you or your legally authorized representative. We will use your protected health information when necessary to contact you about appointments and to provide you with information we think you may be interested in. You may provide us with another address or method to contact you and we will honor that request.

There are some times when we may be unable to obtain your consent or an authorization and we will still need to use your protected health information. We will use only what is absolutely necessary to accomplish the purpose. Examples of when we might use protected health information about you without consent or authorization include:

- If you need emergency treatment
- If you are incapacitated and we believe you would consent if you could
- If we find any of these situations, which we are legally required to report:
  - Cases of suspected abuse and neglect of children and incapacitated adults
  - Certain diseases to the public health authorities so they may stop the spread of disease
  - If we believe you represent a threat to the safety of someone in the community or yourself.

There are also times when we **are required** to provide information about you. For example,

- We are required to provide information about you to organizations that oversee the care we provide. Examples would be for licensing or certification.
- We may be required to provide information about you in response to a court order (including to certain law enforcement officials)
- We are required to report information to the coroner or medical examiner if requested.

## 5. Reviewing your Protected Health Information

You have the right to inspect and obtain a copy of protected health information maintained in BDS files. You will be expected to make an appointment for this and you will be charged fees for copying. You may also request that your records be sent to a mental health professional for their review. If you choose to do this, you will be charged fees for copying. Some protected health information in our files, particularly if it was provided to BDS by others, may not be reviewed or copied.

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## **6. Amending your Protected Health Information**

You have the right to amend your protected health information in BDS files for as long as that protected health information is maintained in our files. You may not amend material that was not created by BDS. You may add written material to your record to clarify information if you believe the information is false, inaccurate or incomplete. You may amend your records once annually at no cost. If you amend your records more frequently, you will be charged fees for copying.

## **7. Disclosures**

You have the right to request an accounting of all disclosures of your protected health information that BDS may make if the disclosure was for something other than treatment, payment or BDS' business needs. You have the right to request an accounting of any disclosures you authorized.

### **Information and Complaints**

If want more information about your Privacy Rights or our Privacy Practices, or are concerned that we have not followed our rules, you may contact the BDS Privacy Officer at 287-4200. You may also file a written complaint with the Director, Office for Civil Rights. Upon request, we will provide you with the address. We will not retaliate against you if you file a complaint of any kind.

### **Duration of this notice**

This notice goes into effect on August 5, 2003. We may change the terms of this notice at any time. If we do so, you may obtain any new notice from any BDS Regional Office, Freeport Towne Square, Elizabeth Levinson Center or the Aroostook Residential Center.

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